



HOW CAN GOVERNMENT CONTROL AND INTERACT WITH PRIVATE PROGRAMMES FOR FOOT AND MOUTH DISEASE CONTROL THE EXPERIENCE AND VIEW OF THE PRIVATE SECTOR OF THE MERCOSUR

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South America has the largest commercial herd in the world, with 337 million bovines and buffaloes.

Investments to control foot and mouth disease (FMD) in 2007 in South America reached a record of US\$ 814 million.

The strong public–private partnership allows the success and marked reduction in the number of outbreaks. In the past 2 years there were outbreaks in Bolivia, Ecuador and Venezuela, where more investments and efforts are needed to achieve the clinical eradication by 2013–2015. The seven outbreaks occurred in Colombia also were in areas bordering on Ecuador and Venezuela. The success of the Hemispheric Programme for the Eradication of FMD enables us to predict that Argentina, Brazil, Paraguay, Uruguay, Peru, and Colombia will be free of clinical FMD by 2010.

The public sector is responsible for such actions as: carrying out the quality control of vaccines, above all regarding potency and the absence of nonstructural proteins (NSP); carrying out serological tests to detect viral circulation; carrying out active surveillance, programme audits, official vaccination (“official needle”) or assisted vaccination in areas of persistent incidence; setting up and maintaining a special operational force with technically well trained staff able to move rapidly throughout a country’s territory in emergencies; ensuring legislation that enables all animal health measures to be carried out, demanding or providing resources for the expeditious compensation of farmers in cases of drastic measures; setting up and maintaining international committees to assess the biosafety conditions of all vaccine factories, quality control and diagnostic laboratories. Public authorities must ensure that the strictest legislation be hegemonic whenever there is a need to harmonise requirements and procedures.

Examples of international partnerships are the Brazil–Bolivia Agreement where vaccines are donated by Brazil; the USA PL 4.80 Program for Bolivia and the USA help in the Chaco region.

In special cases it may be necessary to provide a qualified international consultant.

The private sector must: keep herd records updated; maintain high vaccination coverage; support training in neighbouring properties, especially if they are of the ‘family farming system’ or Indian communities; participate in discussions on epidemiological measures; support partnerships with local communities; collaborate with animal health programmes in deprived communities; participate in passive surveillance; encourage transparency in animal trade.

The “Herd Commitment” (FEDEGAN- Colombia) and the FUNADEP (CNA /SINDAN) in Brazil are successful examples of partnerships.

The private sector must also make alliances with their partners in border areas to provide the resources for animal health measures and transparency of actions.

The programme “Health without Borders” at the high surveillance zone (HSZ) Brazil/Paraguay and the FAMATO/IDARON Programmes (Brazil) with FEGASACRUZ/FEGABENI (Bolivia) are given good results.

Integration and shared responsibilities have successfully enabled advances to be made in the eradication in Argentina, Brazil, Colombia, Paraguay, Peru and Uruguay.

All countries on the continent must now unite to support the programmes in Bolivia, Ecuador and Venezuela to achieve an “Americas free of FMD”.